MAINE WORKERS' COMPENSATION BOARD AUGUSTA, MAINE 04330

AGREEMENT BETWEEN EMPLOYER AND EMPLOYEE AS TO PERMANENT IMPAIRMENT Insurance Carrier		FI	_			
Employer AS TO PERMANENT IMPAIRMENT Manual Employee Name of Injured Employee Name of Employee Name of Employee Name of Employer Name of Employee Name		Employee				
Insurance Carrier We,		vs.		AGREEMENT BI	ETWEEN	
We,				EMPLOYER AND E	EMPLOYEE	
We,		Employer	_	AS TO PERMANENT	IMPAIRMENT	Γ
Name of Injured Employee Street, Number and Town d		Insurance Carrie	_ ?r			
Name of Injured Employee Street, Number and Town d	We,					
Name of Employer Address of Employer Address of Employer Name of Employer Address of Employer Address of Employer Name of Employer Address of Employer Name of Employer Address of Employer Nature of injury was received on			Name of Injured	Employee		
Name of Employer Address of Employer ver reached an Agreement in permanent impairment for the injury sustained by said employee, and submit the follower tement of facts relative thereto: 1. Said injury was received on	siding at _					_,
Name of Employer Address of Employer ver reached an Agreement in permanent impairment for the injury sustained by said employee, and submit the follower reached an Agreement in permanent impairment for the injury sustained by said employee, and submit the follower reached an Agreement in permanent impairment solution injury sustained by said employee, and submit the follower reached an Agreement impairment solution injury sustained by said employee, and submit the follower reached an Agreement impairment solution injury sustained by said employee, and submit the follower reached an Agreement impairment solution by said employee, and submit the follower reached an Agreement impairment:	d					
ve reached an Agreement in permanent impairment for the injury sustained by said employee, and submit the follower tement of facts relative thereto: 1. Said injury was received on	u		Name of Em	ployer		_,
2. Nature of injury: 3. Extent of permanent impairment: 4. Employee's weekly wages if on salaried basis at time of injury: 5. Employee's average weekly wage as per wage schedule attached: 6. IT IS AGREED that Permanent Impairment is herewith submitted to the Board for approval. The foregoing Permanent Impairment Agreement is herewith submitted to the Board for approval.						
2. Nature of injury:			Address of En	nployer	player and sub	_,
3. Extent of permanent impairment:% to	ve reached a	an Agreement in permanent impai	Address of En	nployer	ployee, and sub	_, mit the follo
4. Employee's weekly wages if on salaried basis at time of injury:	ve reached a	an Agreement in permanent impai acts relative thereto:	Address of Errment for the inj	nployer jury sustained by said emp		
5. Employee's average weekly wage as per wage schedule attached:	ve reached a tement of fa	an Agreement in permanent impai acts relative thereto: Said injury was received on	Address of Er	nployer jury sustained by said emp	,20	·
6. IT IS AGREED that Permanent Impairment shall be paid in the amount of \$ The foregoing Permanent Impairment Agreement is herewith submitted to the Board for approval. ated at this day of, 20 Employer	ve reached attement of fa	an Agreement in permanent impairacts relative thereto: Said injury was received on Nature of injury:	Address of Er	iging sustained by said emp	,20	
The foregoing Permanent Impairment Agreement is herewith submitted to the Board for approval. ated at	ve reached a tement of fa	an Agreement in permanent impairacts relative thereto: Said injury was received on Nature of injury: Extent of permanent impair	Address of Errment for the inj	iping purposes in the properties of the properties in the properties of the properti	,20(n	- nember)
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Permanent Impairment Agreement must be signed by employee and by employer or a duly authorized representative.

Date:	<u>-</u>		
		HEARING OFFICER	